

| CLAIMS ONLY | | | | | | Application Number 09/826171 | | Filing Date | | |
|---|---------------------|--------|-----------------------|--------|------------------------|--|-------|-------------|-------|--------|
| | | | | | | Applicant(s) | | | | |
| * May be used for additional claims or amendments | | | | | | | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend | Indep | Depend |
| 1 | 1 | | | | | | | | | |
| 2 | | | | | | | | | | |
| 3 | | 1 | | | | | | | | |
| 4 | | | | | | | | | | |
| 5 | | 1 | | | | | | | | |
| 6 | 1 | | | | | | | | | |
| 7 | | | | | | | | | | |
| 8 | | 1 | | | | | | | | |
| 9 | | 2 | | | | | | | | |
| 10 | | 2 | | | | | | | | |
| 11 | | 2 | | | | | | | | |
| 12 | | | | | | | | | | |
| 13 | 1 | | | | | | | | | |
| 14 | | 1 | | | | | | | | |
| 15 | | 1 | | | | | | | | |
| 16 | | 1 | | | | | | | | |
| 17 | | 2 | | | | | | | | |
| 18 | | 1 | | | | | | | | |
| 19 | | 1 | | | | | | | | |
| 20 | | 2 | | | | | | | | |
| 21 | | 3 | | | | | | | | |
| 22 | 1 | | | | | | | | | |
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| 25 | | | | | | | | | | |
| 26 | | 2 | | | | | | | | |
| 27 | 1 | | | | | | | | | |
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| 29 | | 1 | | | | | | | | |
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| 38 | | 2 | | | | | | | | |
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| 40 | | 1 | | | | | | | | |
| 41 | | 2 | | | | | | | | |
| 42 | | 3 | | | | | | | | |
| 43 | 1 | | | | | | | | | |
| 44 | 1 | | | | | | | | | |
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| 48 | | 2 | | | | | | | | |
| 49 | 1 | | | | | | | | | |
| 50 | 1 | | | | | | | | | |
| 51 | | | | | | | | | | |
| 52 | | 2 | | | | | | | | |
| 53 | | 2 | | | | | | | | |
| 54 | | 2 | | | | | | | | |
| 55 | | 4 | | | | | | | | |
| 56 | | | | | | | | | | |
| 57 | 1 | | | | | | | | | |
| 58 | | | | | | | | | | |
| 59 | 1 | | | | | | | | | |
| 60 | | 2 | | | | | | | | |
| 61 | | 2 | | | | | | | | |
| 62 | | 2 | | | | | | | | |
| 63 | | 2 | | | | | | | | |
| 64 | | 2 | | | | | | | | |
| 65 | | 2 | | | | | | | | |
| 66 | | 2 | | | | | | | | |
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| 99 | | | | | | | | | | |
| 100 | | | | | | | | | | |
| Total Indep | 10 | | | | | | 2 | | | |
| Total Depend | 48 | | | | | | 24 | | | |
| Total Claims | | | | | | | | | | |

12/10

84/12

1
48
24
72

72
12
84

12
70
82

84/12